

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 16
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00569905 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin-left: 10px;"> M M M / D D D / Y Y Y Y Y Y </div>	

Full Name of Payee ADVANCED RESPONSE SYSTEMS			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		
Mailing Address 13175 GEORGE WEBER DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">27594.29</div>		
City ROGERS	State MN	Zip Code 55374-8900	Transaction ID : SE24.317 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	Name of Federal Candidate DR. BEN CARSON <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">1217224.52</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

Full Name of Payee ALLEGRA			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		
Mailing Address 45668 TERMINAL DRIVE			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">104.02</div>		
City DULLES	State VA	Zip Code 20166-4390	Transaction ID : SE24.68 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">07</div> <div style="border: 1px solid black; padding: 2px;">13</div> <div style="border: 1px solid black; padding: 2px;">2015</div> </div>		
Purpose of Expenditure DIRECT MAIL - PRINTING		Category/ Type 004	Name of Federal Candidate DR. BEN CARSON <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">1217328.54</div>			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">27698.31</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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Signature

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Form/Schedule: SE
Transaction ID : SE24.317

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$541.06 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.68

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$2.04 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 16
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 1420 SPRING HILL ROAD SUITE 490		Amount 27212.00	
City MC LEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.374
Purpose of Expenditure AGENCY FEES - CONSULTING	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1244540.54		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CP DIRECT		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 4600A BONSTON WAY		Amount 15620.25	
City LANHAM	State MD	Zip Code 20706-4858	Transaction ID : SE24.33
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1260160.79		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	42832.25
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 07 / 2016

Signature

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Form/Schedule: SE

Transaction ID : SE24.374

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$533.57 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.33

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$306.28 has been allocated equally to each of the remaining schedule primary elections.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee DIRECT ANSWER		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 414 SMOKEY HOLOW ROAD		Amount 14191.96	
City CAPON BRIDGE	State WV	Zip Code 26711-2401	Transaction ID : SE24.1187
Purpose of Expenditure FULLFILLMENT ITEMS - YARD SIGNS	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1159630.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee DIRECTMAIL.COM		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 5351 KETCH ROAD		Amount 21355.73	
City PRINCE FREDERICK	State MD	Zip Code 20678-3470	Transaction ID : SE24.169
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1281516.52		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	35547.69
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 07 / 2016

Signature

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Form/Schedule: SE

Transaction ID : SE24.1187

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$278.27 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.169

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$418.74 has been allocated equally to each of the remaining schedule primary elections.

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)

The 2016 Committee

FEC IDENTIFICATION NUMBER ▼

C C00569905

Check if ☐ 24-hour report ☒ 48-hour report☒ New report ☐ Amends report filed on

M M M / D D D / Y Y Y Y Y Y

Full Name of Payee

ECG DATA CENTER

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015Mailing Address 1420 SPRING HILL ROAD
SUITE 490

Amount

6470.49

City State Zip Code
MCLEAN VA 22102-3028

Transaction ID : SE24.101

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015Purpose of Expenditure
DIRECT MAIL - LIST MAINTENANCECategory/
Type 004

Name of Federal Candidate

DR. BEN CARSON

☒ Support
☐ OpposeOffice Sought: ☐ House District: _____
☒ President ☐ Senate State: _____Calendar Year-To-Date
Per Election for Office Sought

1287987.01

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶ _____

Full Name of Payee

INTERNATIONAL DATA MANAGEMENT, INC.

Date of Public Distribution/Dissemination

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015

Mailing Address 490 WHITE POND DRIVE

Amount

1206.06

City State Zip Code
AKRON OH 44320-1122

Transaction ID : SE24.253

Date of Disbursement or Obligation

M M M / D D D / Y Y Y Y Y Y
07 / 13 / 2015Purpose of Expenditure
DIRECT MAIL - PRINTINGCategory/
Type 004

Name of Federal Candidate

DR. BEN CARSON

☒ Support
☐ OpposeOffice Sought: ☐ House District: _____
☒ President ☐ Senate State: _____Calendar Year-To-Date
Per Election for Office Sought

1289193.07

Disbursement For: ☒ Primary ☐ General
2016 ☐ Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

7676.55

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

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01 / 07 / 2016

Signature

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Form/Schedule: SE

Transaction ID : SE24.101

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$126.87 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.253

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$23.65 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee MDI IMAGING & MAIL		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015
Mailing Address 21955 CASCADES PARKWAY		Amount 264.79
City DULLES	State VA	Zip Code 20166-9211
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/Type 004	Transaction ID : SE24.395 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015
Name of Federal Candidate DR. BEN CARSON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1289457.86		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MDI IMAGING & MAIL		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015
Mailing Address 21955 CASCADES PARKWAY		Amount 27000.00
City DULLES	State VA	Zip Code 20166-9211
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type 004	Transaction ID : SE24.396 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015
Name of Federal Candidate DR. BEN CARSON		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____ <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1186630.23		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27264.79
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 07 / 2016

Signature

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Form/Schedule: SE

Transaction ID : SE24.395

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$5.19 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.396

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$529.41 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee OMEGA LIST COMPANY			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015		
Mailing Address 1420 SPRING HILL SUITE 490			Amount 30995.36		
City MCLEAN	State VA	Zip Code 22102-3028	Transaction ID : SE24.277		
Purpose of Expenditure ONLINE ADVERTISING		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1320453.22			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee SUMMIT FINANCIAL RESOURCES, LP			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015		
Mailing Address 2455 EAST PARLEYS WAY, SUITE 200			Amount 1400.00		
City SALT LAKE CITY	State UT	Zip Code 84109-1252	Transaction ID : SE24.436		
Purpose of Expenditure FULFILLMENT ITEMS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015		
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 1321853.22			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	32395.36
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 07 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.277

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$607.75 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE
Transaction ID: SE24.436

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$27.45 has been allocated equally to each of the remaining schedule primary elections.

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00569905 </div>
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Check if ☐ 24-hour report
 ☒ 48-hour report
 ☒ New report
 ☐ Amends report filed on

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Full Name of Payee WESTLAND PRINTERS		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>07 / 13 / 2015</div> </div>	
Mailing Address 14880 SWEITZER LANE		Amount <div> <div></div> <div>152991.05</div> </div>	
City LAUREL	State MD	Zip Code 20707-2913	Transaction ID : SE24.22 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>07 / 13 / 2015</div> </div>
Purpose of Expenditure FULFILLMENT ITEMS		Category/ Type 004	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>1474844.27</div> </div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

Full Name of Payee WESTLAND PRINTERS		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 14880 SWEITZER LANE		Amount 3000.00	
City LAUREL	State MD	Zip Code 20707-2913	Transaction ID : SE24.25 Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/ Type 004	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		1189630.23	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	155991.05
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

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Form/Schedule: SE

Transaction ID : SE24.22

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$2,999.82 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule: SE

Transaction ID: SE24.25

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$58.82 has been allocated equally to each of the remaining schedule primary elections.

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee ZIP MAILING SERVICES, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 13 / 2015	
Mailing Address 6304 SHERIFF RD. STE Z		Amount 1447.48	
City LANDOVER	State MD	Zip Code 20785-4361	Transaction ID : SE24.71
Purpose of Expenditure DIRECT MAIL - PRINTING	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 07 / 13 / 2015	
Name of Federal Candidate DR. BEN CARSON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought 1476291.75		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1447.48
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

MM / DD / YYYY
01 / 07 / 2016

Signature

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
.

Form/Schedule: SE
Transaction ID : SE24.71

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$28.38 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID: